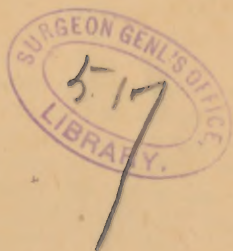


SHOTWELL (W.E.)

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unusual course and
termination.

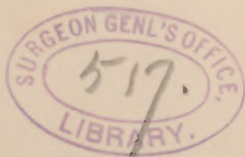


**A PELVIC ABSCESS OF UNUSUAL COURSE
AND TERMINATION.**

BY W. E. SHOTWELL, M.D.,
OF DENVER, COLORADO.

ON the evening of January 11th I was called to attend a young married woman, twenty years of age, whom I found suffering from intense pain in the left inguinal region. Upon examination I found a tumor that extended from a point a short distance within the true pelvis to the superior spinous process of the ilium on the left, and nearly to the umbilicus and median line of the abdomen on the right side. It was closely adherent to the left and posterior portion of the uterus. I could not elicit fluctuation. The tumor was very tense, was movable, and was sensitive to touch. The left tube and ovary were incorporated in the mass.

While the possibility of its being a pelvic abscess occurred to me, I could obtain no history of pus-formation. The patient had been and was in good health and flesh. She had had exacerbations of pain in this side at long intervals since childhood; otherwise she had suffered no inconvenience from the tumor and was not aware she had one. There was no history of pus-discharge through the utero-vaginal track. Menstruation was regular and normal; she denied ever having had an abortion. As she had just had her menses, she attributed her present trouble to taking "cold." Fearing the grave nature of the tumor, I endeavored to impress upon the woman the constant danger to which she was exposed and urged an immediate operation. As she



was soon relieved of suffering and felt "all right again," the proposition was rejected, at least for the present. On February 9th she came to my office to consult me on another matter, and before leaving I questioned her about the tumor. She said it gave her no trouble and she felt perfectly well on that side.

On February 22d she came to my office suffering, as she thought, from "piles." Upon examination I found an inflammatory mass nearly surrounding the lower part of the rectum and extending well into the lower portion of the left ischio-rectal fossa. It was very sensitive to touch and gave her a great deal of pain. She was feverish and very nervous. There was a line of tenderness along the rectum leading toward the tumor. The tumor itself gave her no trouble and presented the same general characteristics as on the former examination, excepting an absence of all pain and tenderness. While the symptoms were in the main those of a pending ischio-rectal abscess, I was suspicious of the line of tenderness along the rectum. On the evening of February 23d, as there was considerable tumefaction of the parts, I made a deep incision at the most prominent point, about one inch in length and a half-inch posteriorly, and to the left of the anus. I obtained no pus at the time, but within a few hours, she told me, it began to discharge through the incision, and for two days the pus "poured" out.

On the 27th of February the discharge ceased. The pain, fever, and nervousness were gone, and the patient felt perfectly well. She said to me, "Doctor, my bowels feel so flat, and I cannot find the tumor." It was true that there was not a trace of the tumor left. Such a favorable termination of so large a pelvic abscess must be very rare.

